

complete this report at the time of the regular monthly preventive maintenance check.  
complete this report whenever the instrument is serviced or repaired and whenever  
retain the original and send a copy within 15 days to the Breath Alcohol Program

**RECEIVED**

By Carol Day at 1:21 pm, Mar 23, 2016

EXCISE SN 500291	NAME OF AGENCY Boonville PD	DATE OF INSPECTION 03/21/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 101 E. Morgan		TIME OF INSPECTION 12:19:12

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observations where determined) Unmarked items must be corrected before using instrument

**I. DIAGNOSTIC RECORD**

DATE AND TIME <u>03/21/2016 12:19:14</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>44.2°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

**BREATH ANALYZER ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE	
STANDARD SUPPLIER <u>AIRGAS</u>	LOT # <u>AG426202</u>	EXP. DATE <u>09/19/2016</u>
SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used

- ☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.096	TEST 2: 0.096	TEST 3: 0.096
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**PERFORM R.F.I. TEST**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT

REFUSALS: 1	0-04: 1	05-09: 0	10-14: 0	15-19: 2	OVER 19: 1
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ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN  
ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

**SPECTING OFFICER**

SIGNATURE 	PRINT FULL NAME JAMES M DECKARD	
PERMIT NUMBER 50083	EXPIRATION DATE 05/11/2017	TELEPHONE NUMBER 660-882-2727